

CERTIFICATE OF MAILING

I hereby certify that this amendment is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

April 11, 2007
Date

Michael A. Pugel
Michael A. Pugel

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

Complete if Known

Application Number	10/612,311
Filing Date	07/02/2003
First Named Inventor	Louis Robert Litwin, et al.
Examiner Name	Jason M. Perilla
Art Unit	2611
Attorney Docket No.	PU030155

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order
Customer Number 24498

☐ None ☐ Other (please identify):

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
50		25

Each independent claim over 3 (including Reissues)

200		100
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Multiple dependent claims

360		180
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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = x =

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Amendment and Response

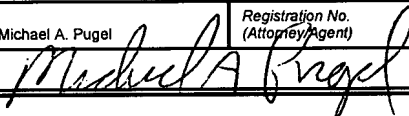
Fees Paid (\$)

\$120.00

Total Fees

\$120.00

SUBMITTED BY

Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature				Date	April 11, 2007